					<u> مالسال ما</u>				ī .						
*									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000										108 XD					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									LEN	ITITY	OR	OTHER SMALL			
TOTAL CLAIMS								RA	Έ	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS					• -			X\$	9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =					X40			OR	X80=			
MU	LTIPLE DEPENI	DENT CLAIM PF	SENT					+13	5=		OR	+270=	•		
* If the difference in column 1 is less than zero, enter "0" in column 2									AL	·	OR	TOTAL	20		
CENTRO NO VINETINEE I VIII											OTHER SMALL				
U 28 0 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SM <i>F</i>	LLI			SWALL	ADDI-		
UT A		REMAINING AFTER		NUM PREVI	IBER OUSLY	PRESENT EXTRA		RA	Έ	ADDI- TIONAL FEE		RATE.	TIONAL		
AMENDMENT A	Total	• 17	Minus	**	FOR	=		׺	9=	100	OR	X\$18=	,		
REN	Independent	• 3	Minus	*** .		=		X40)=		OR	X80=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT			T CLAIM			+13	 5		ЮR	-	\$ 10 m			
								L)TAL		4 >	L 2021			
	(Column 1) (Column 2) (Column 3)							ADDIT.	FEE	<u></u>		ADDIT. FEE			
]	(Column 1) CLAIMS	1	HIGI	HEST		ጎ			ADDI-	1		ADDI-		
AENDWENT B	·	REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	Έ	TIONAL FEE		RATE	TIONAL FEE		
AD WE	Total	*	Minus	••		=		X\$	9=		OR	X\$18=			
AME	Independent		Minus	***	T CL AIM	=	4	X40)=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						الـــ	+13	5=		OR	+270=			
								TO ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE			
		(Column 1) (Column 2) (Column 3)									_				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RA'	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DWE	Total	*	Minus	**	<u> </u>	=		X\$	9=		OR	X\$18=			
MER	Independent	·	Minus	•••		=		X41)=		OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ļ	_		1	+270=			
	If the entry in colu	ımn 1 is less than t	the entry in colu	ımn 2, wri	ite "0" in co	lumn 3.		+13	TAL		OR	TOTAL	<u> </u>		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	ident) is the	nighest num	per to	iuna in t	ne ap	propriate 00	ox in co	olumn t.			